



Sheriff's Youth Academy

Dear Interested Youth and Parents,

The Guilford County Sheriff's Office is offering a Sheriff's Youth Academy to the younger citizens of Guilford County who are interested in learning more about law enforcement operations within the Guilford County Sheriff's Office, as well as other public safety and military careers. The classes will start on Monday June 17, 2019 at 8:00am and run through June 26, 2019.

The Sheriff's Youth Academy will present a range of topical training subjects condensed from the standard training curriculum for law enforcement officers. By presenting this program, we hope to provide a positive career development experience which will acquaint attending youth with the goals and functions of a working law enforcement agency.

The Sheriff's Youth Academy aims to stimulate a positive interest in law enforcement in youth, as well as heighten awareness of the positive aspects of being a good citizen, as well as to instill a sense of patriotism in the cadets. Young people will learn the basic functions of a law enforcement agency, requirements of a career in law enforcement, and learn more about Guilford County Sheriff's Office Explorer Post 592 membership. Some of the blocks of instruction will include:

- Career Preparation / Texting & Driving - DWI Prevention Education
- Firearms Simulator Training / Handcuffing Techniques
- Traffic Stops/Enforcement / Police Chases
- Physical Fitness Training / Introduction to Drill/Ceremonies
- Vehicle Accident Extraction Demo / DWI Simulator
- Building Searches / K-9 Demo
- SERT - Sheriff Emergency Response Team /Bomb Robot Demo
- Outdoor Survival Training

The academy is open to all current law enforcement Explorers, as well as students from local middle and high schools between the ages of 13 and 17 years of age. Students may be accepted upon referral from School Resource Officers or by parents/legal guardians who wish for their son/daughter to participate in the Sheriff Youth Academy experience.

The academy will begin with an orientation meeting on Friday, June 14, 2019 from 6:30pm to 7:45pm. Orientation is MANDATORY for all SYA participants and at least one parent/legal guardian must attend. This orientation will be held at the Sheriff's Office Administration Building in the Lower Classroom located at 400 W. Washington St Greensboro.

The academy will begin at 8:00 AM on Monday, June 17, 2019 at the GCSO District 2 Office located at 5440 Millstream Road, Mcleansville, N.C. 27301 (See schedule). Space is limited, so applicants will be accepted on a "first-come, first served" basis, pending a background check.

*Note: AT RISK students, who have criminal histories, extensive negative involvement with law enforcement and/or the juvenile justice system, poor grades, poor conduct, and/or regular in or out of school suspensions WILL NOT be accepted into the program.

The deadline for application submission is Monday, June 10, 2019 at 5:00pm. There is NO FEE for the academy. Students will be provided with T-shirts and baseball caps as academy uniforms. Students will be required to wear khaki type cargo pants to complete the academy uniform. Students will also be required to wear a white crew neck t-shirt and black athletic/basketball shorts for physical training. Purchase options for khaki pants will be provided at the orientation meeting. Footwear should be sneakers or athletic training type shoes.

Transportation to and from the academy sites will be the responsibility of the participant and his/her parent/guardian.

Interested persons should contact the Community Resource Unit by phone at (336-641-3378) or email jpage0@guilfordcountync.gov. Applications may be printed from the Sheriff Office website (www.guilfordcountysheriff.com) or obtained from a Guilford County Sheriff's Office School Resource Officer. Applications may also be picked up from and returned in person or by mail to:

Master Corporal J.A. Page

Guilford County Sheriff's Office
Community Resources Unit
400 W. Washington Street
Greensboro, North Carolina 27401
Office: (336) 641-3378
jpage0@guilfordcountync.gov
www.guilfordcountysheriff.com





GUILFORD COUNTY SHERIFF'S OFFICE YOUTH ACADEMY APPLICATION

NOTE: Read questions in its entirety; any omissions or misrepresentation on this application will result in your application not being approved.

1. Name: _____
Last First Middle
2. Date of Birth: ____ (Month) ____ (Day) ____ (Year)
3. Driver's License Number: _____ State _____
4. Sex: Male ____ Female ____
5. Ethnic Background:

____ African American	____ Native American
____ Asian American	____ White
____ Hispanic American	____ Other (Please Specify) _____
6. Height: Feet _____ Inches _____ Weight _____ lbs.
7. Nicknames or Aliases: _____
8. Social Security Number: (Last Four Digits) _____
9. Place of Birth: _____ (City) _____ (State)
10. Present Mailing Address: _____
11. Telephone Number: Home: () _____ Work: () _____
Cell: () _____ ***Email Required:** _____
12. School Attending: _____
13. Grade: _____ Grade Point Average: _____

14. Are you a High School Graduate: Yes or No / G E D: Yes or No

15. T-Shirt Size: S M L XL XXL (circle size)

**If the following questions are answered yes, attach a sheet explaining the circumstances.
List the year and state in which they occurred, and the disposition of the case.**

Put as much information as you can remember.

16. Have you **ever** (as an adult or a juvenile) been arrested, detained, or questioned by law enforcement concerning a crime? Yes ___ No ___

17. Have your driving privileges **ever** been suspended, revoked or cancelled? Yes ___ No ___

18. Have you **ever** received (a) traffic citation(s)? Yes ___ No ___

19. Have you **ever** been a defendant or plaintiff in a civil action? Yes ___ No ___

20. Are you **now** using any illegal drugs? Yes ___ No ___

If yes, what and how often? _____

21. Have you **ever** possessed, used or sold any amount of illegal drugs? Yes ___ No ___

If yes, what drugs and when? _____

22. Do you drink alcohol (including beer and wine)? Yes ___ No ___

If yes, how much and how often? _____

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN

Name: _____

 Last First Middle

Address: _____

Telephone Numbers:

Home: () _____ Work: () _____ Cell: () _____

MOTHER/GUARDIAN

Name: _____

Last First Middle

Address: _____

Telephone Numbers:

Home: () _____ Work: () _____ Cell: () _____

MEDICAL ISSUES

Check if any medical problems:

Asthma _____

Allergies _____ (List medication allergies) _____

Diabetic _____

Dizziness _____

Fainting Spells _____

Seizures _____

Describe any items checked:

Describe any other medical problems that need to be known (possible knee problems, possible back problems, etc.)

Do you wear glasses or contacts: ____ Yes ____ No (Circle which style)

Are you currently taking any medications? ____ Yes ____ No

If yes: What _____

How often _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Home

Work

Cell

Pager

FOR OFFICE USE ONLY

Date Received: _____

NCIC / DCI Check:

☐

ACCEPTED / DENIED

DATE: _____

**GUILFORD COUNTY SHERIFF'S
WAIVER AND RELEASE**
(For participants under 18 YOA)

I, _____, (please circle one - parent, guardian or custodian) of, (child's name), _____, for myself and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

1. I hereby waive for all parties noted above all claims, demands, actions, or causes of action, against the Guilford County Sheriff's Office ("GCSO") and Sheriff's Youth Academy (SYA);, and each of their officers, agents, employees and representatives (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including but not limited to those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to any of the following: (a) my membership in Sheriff's Youth Academy (SYA); (b) my participation in any activities related to Explorer Post 592; (c) my participation in any activities related to Citizens Academy or the GCSO; (d) my presence at any location where activities related to Sheriff's Youth Academy (SYA); or GCSO take place; (e) my presence at any location occupied or controlled by the GCSO; (f) travel to or from activities related to Explorer Post Sheriff's Youth Academy (SYA); or the GCSO; and/or (g) any act or omission by any Releasee with respect to the control or supervision of Sheriff's Youth Academy (SYA);, its participants, or its supervisors. I further agree to never instigate any suit or action against any Releasee on any claim waived herein and to hold harmless Releasees from all such claims, including the costs of defense.
2. I acknowledge that photographs, films and recordings are sometimes made of the participants of Sheriff's Youth Academy (SYA); for pictures, news releases, and other documentary purposes. I hereby authorize the use of my image and voice to be used in any non-commercial manner by Releasees and by any radio, television, newspaper, or other media.
3. If this Waiver and Release were to be deemed unenforceable in any way, I acknowledge that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legal document. By my signature I agree to abide by the conditions above.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legal document. By my signature, I give consent for the above listed minor child to participate in the Explorer Post 592 or Guilford County Sheriffs' Academy.

Parent/Guardian/ Custodian: _____ Date: _____

Participant: _____ Date: _____

State of North Carolina,

County of _____

Sworn to and subscribed before me this _____ day of _____, 2_____.

Notary Public

Commission Expires: _____

WARNING, LIABILITY RELEASE & ACKNOWLEDGEMENT and ASSUMPTION OF RISK UNDER AGE 18

TI Simulator Training

I, _____, understand that participation in the *TI Simulator* training opportunity involves risks of injury and/or death. These risks include, but are not limited to: loss of eyesight, loss of hearing, cuts, bruises, and other injurious contact with weapons, tripping, falling, increases in heart rate and other unintentional or accidental occurrences.

By signing this form I acknowledge all risks of injury or death and affirm that I am willing to assume responsibility should injury or death result. I also agree to follow any and all safety instructions/recommendations, if applicable, during this training opportunity. Furthermore, in return for the opportunity to participate, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights to seek compensation from Guilford County Sheriff's Office, their employees, agents or guest instructors for bodily injury or death that may result, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by Guilford County Sheriff's Office, its employees, agents or its guest instructors.

I also understand and acknowledge that nothing learned or acquired in this class can guarantee my personal safety.

Signature of Participant/Parent:

(Signature Participant)

Date: _____

(Signature Parent)

Date: _____

Witness:

(Signature)

Date: _____